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3 5M 8-16-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth **Miami**

County

No.

St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
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DATE OF BIRTH*	July	3	25
	(Month)	(Day)	(Year)

FULL NAME	FATHER
Jose Macias	

FULL MAIDEN NAME	MOTHER
Elena Anchondo	

I HEREBY CERTIFY that the child described herein has
been named**Viola Maria Dolores Macias**

(Give name in full)

(Surname)

Jose Macias

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

Form X

542-703-516